CALIFORNIA LIQUID WASTE HAULER RECORD

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STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTM	ENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Must be filled by producer)	HAULER OF WASTE (Must be filled by hauler) 999000447
Name (print or type): 0e5 cc Co,	Name (print or type): All AMERICAN OIL COMPANY
Pick up Address: 13344 Sor Mais L. A. Code No.	Business Address: 8655 So. Main Street, Los Angeles 90009 No.
Telephone Number: (Street) (City) Telephone Number: (TI) 327-1276 P.O. or Contract No.:	Telephone Number: 213) 759-6145 Pick Up: (Street) Time / : Dipa
Order Placed By: 1 An Constant Date: 7/27/78	State Liquid Waste Hauler's Registration No. (if applicable): 118
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, bil drillingCode No. wastewater treatment, pickling bath, petroleum refining) DESCRIPTION OF WASTE (Must be filled by producer) Check type of wastes: 1.	State Liquid Waste Hauler's Registration No. (if applicable): Job No.: Scale No. of Loads or Trips: Vehicle: Seacuum truck barrels, flatbed, other flow other facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. DISPOSER OF WASTE (Must be filled by disposer) Name (print or type): Scale Master of Signature of Suthorized agent and title ode No. Site Address: Scale Master of Master of Signature of Suthorized agent and title ode No. The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMCCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): Tracovery
2. 3. 4. 5. 6. Hasardous Properties of Waste: pH	treatment (specify): disposal (specify): post spreading treation, precipitation)-Code No. disposal (specify): post spreading treation injection well other (specify); Code No. If waste is held for disposal elegathers specify from location: Disposal Date: I certify (or declars) under penalty of perjury that the foregoing is true and correct. Gignature of authorized agent and title The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
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The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
	D O T Dyanam Chinning Name

Signature of Suthorized agent and title

D.O.T. Proper Shipping Name